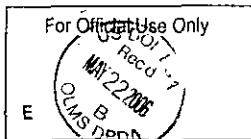


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>12425</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2005</b> Through: <b>12</b> / <b>31</b> / <b>2005</b>
3. Name and address of person filing. Name <b>James</b> <b>Anderson</b> P.O. Box, Bldg., Room No., if any Street <b>1900 Pleasant Avenue</b> City <b>Jackson</b> State <b>Mississippi</b> ZIP Code + 4 <b>39203</b>	4. Name, file number, and address of labor organization. Name <b>Laborers Union Local 145</b> Labor Organization File Number <b>003-113</b> P.O. Box, Building and Room Number, if any Street <b>1900 Pleasant Avenue</b> City <b>Jackson</b> State <b>Mississippi</b> ZIP Code + 4 <b>39203</b>
5. Position in labor organization. <b>Business Manager</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <b>South Central Laborers Training &amp; Apprentice</b> Trade Name, if any: <b>South Central Laborers Training</b> P.O. Box, Bldg., Room No., if any <b>P. O. Box 376</b> Street City <b>Livonia</b> State <b>Louisiana</b> ZIP Code + 4 <b>70755</b>	7.a. Nature of Interest, Transaction, or Income. <b>Payment represents reimbursed travel expenses for Trustee of ERISA Trust Fund Board Meetings. All payments are based upon documentation and substantiation of expenditures incurred. January, 2005.</b> 7.b. Amount. <b>\$737</b>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <b>James Anderson</b>	On <b>5-18-06</b> Date	<b>601-948-2505</b> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. 

## 12.a. Nature of interest held or income received.

12.b. Amount. 

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing James Anderson

File Number U-

## Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name South Central Laborers Training &amp; Apprentic

Trade Name, if any: South Central Laborers Training

P.O. Box, Bldg., Room No., if any P. O. Box 376

Street

City Livonia

State Louisiana

ZIP Code + 4 70755

## 7.a. Nature of Interest, Transaction, or Income.

Payment represents reimbursed travel expenses for Trustee of ERISA Trust Fund Board Meetings. All payments are based upon documentation and substantiation of expenditures incurred. April, 2005.

## 7.b. Amount.

\$335

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name South Central Laborers Training &amp; Apprentice

Trade Name, if any: South Central Laborers Training

P.O. Box, Bldg., Room No., if any P. O. Box 376

Street

City Livonia

State Louisiana

ZIP Code + 4 70755

## 7.a. Nature of Interest, Transaction, or Income.

Payment represents reimbursed travel expenses for Trustee of ERISA Trust Fund Board Meetings. All payments are based upon documentation and substantiation of expenditures incurred. July, 2005

## 7.b. Amount.

\$1,055

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name South Central Laborers Training &amp; Apprentice

Trade Name, if any: South Central Laborers Training

P.O. Box, Bldg., Room No., if any P. O. Box 376

Street

City Livonia

State Louisiana

ZIP Code + 4 70755

## 7.a. Nature of Interest, Transaction, or Income.

Payment represents reimbursed travel expenses for Trustee of ERISA Trust Fund Board Meetings. All payments are based upon documentation and substantiation of expenditures incurred. October, 2005

## 7.b. Amount.

\$871

**SOUTH CENTRAL LABORERS  
TRAINING AND APPRENTICESHIP FUND**

P.O. Box 376 Livonia, LA 70755

Phone: 225-637-2311

Fax: 225-637-2368

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Gary A. Slaydon  
Administrator/Director

Hotel/M meal expenses for 2005 LM-10 Report

**ENTITY: LIUNA Local 145**

For: James Anderson's expenses

January 2005	684.45
April 2005	273.74

**Total: 958.19**

**TOTAL EXPENSES: 958.19**

U.\*

Jan 684.45+  
52.48+

002

736.93\*

april 273.74+  
26.01+  
35.31+

003

335.06\*

**SOUTH CENTRAL LABORERS  
TRAINING AND APPRENTICESHIP FUND**

P.O. Box 376 Livonia, LA 70755

Phone: 225-637-2311

Fax: 225-637-2368

Gary A. Slaydon  
Administrator/Director

Due May 15, 2006

Hotel/M meal expenses for 2005 LM-10 Report

**Trustee: James Anderson**

Lodging/Mileage Reimbursements:

Jacksonville, Florida	7/05	942.84
Nashville, Tennessee	10/05	849.17

**Total 1792.01**

Board meeting meal and conference room expenses split out:

Radisson Riverwalk Hotel	52.48	January, 2005	0.00
Holiday Inn Select	26.01	April, 2005	0.00
Crawfish Boil	35.31	April, 2005	0.00
Gaylord Opryland Hotel	111.76	July, 2005	0.00
Hilton Nashville Downtown	21.58	October, 2005	0.00
<b>Total:</b>	<b>247.14</b>		

July 942.84 +  
111.76 +  
002 1,054.60 \*

Oct 849.17 +  
21.58 +  
002 870.75 \*

**TOTAL EXPENSES: 1096.31**